

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Jody Grieger						Registration Number, if PAC			
Street Address 3744 Timberland Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 20.00		
Full Name of Contributor Kamie Guzy						Registration Number, if PAC			
Street Address 7881 Danbridge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43062	M 0	D 3	Y 0	Amount 35.00		
Full Name of Contributor John Marette						Registration Number, if PAC			
Street Address 3552 Chowning Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43220	M 0	D 3	Y 0	Amount 30.00		
Full Name of Contributor Amy Clark						Registration Number, if PAC			
Street Address 373 Dunbarton Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43220	M 0	D 3	Y 0	Amount 20.00		
Full Name of Contributor Linda Smith						Registration Number, if PAC			
Street Address 10084 Houndsdale Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pickerington	State O	H H	Zip Code 43147	M 0	D 3	Y 0	Amount 50.00		
Full Name of Contributor Sandra Nelson Hall						Registration Number, if PAC			
Street Address 516 Clark State Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 20.00		
Full Name of Contributor Debra Kuskowski						Registration Number, if PAC			
Street Address 271 Broadleigh Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43209	M 0	D 3	Y 0	Amount 10.00		
Full Name of Contributor Deborah Hoffman						Registration Number, if PAC			
Street Address 8271 Turret Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 0	Amount 20.00		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 205.00